

Tuberculosis Contact Investigation Form

Submitted By:	
Date:	

Case							Contact									
Name: (last) (first) (MI) (also known as)					Priority of contact based on case			Contact Investigation			Contact Risk Factors (Mark Y =Yes or N = No in chart below)					
DOB: A Morbidity Date:	Age:	RVC	T:					Characteristics of Case: High risk to transmit TB (smear positive and cavitary)			Date Identified:			1. Risk not identified 2. < 4 years of age 3. Contact to sputum Smear + 4. Contact to sputum smear negative with CXR cavitary		
County: Comments: Type: Pulmonary Non Pulmonary CXR Results: Noncavitary							Medium risk to transmit TB (ages 5 – 15 years old) Low risk to transmit TB (all others)			Date Interviewed: Date of Evaluation:			5. Congregate Setting 6. CXR consistent with previous TB 7. HIV infection 8. Medical risk factors			
Full Name	Date of	d					В				PPD Resul	ts	Chest	Treatment of LTBI	**Completion Date	
of Contact	Birth	Risk not ID'd	< 4 years	Smear +	Smear - Cavitary	Cong Set	CXR- prev TB	HIV +	Medical	*Prior Positive (*See below)	Current	8 – 10 week retest	- X-Ray		or Discontinued Due to (**see below):	
1.											Date: mm:	Date:	Date: Normal Abnormal	☐ Yes Date: Drug (s) No Reason:		
2.											Date:	Date:	Date: Normal Abnormal	☐ Yes Date: Drug (s) No Reason:		
3.											Date: mm:	Date:	Date: Normal Abnormal	☐ Yes Date: Drug (s) ☐ No Reason:		
4.											Date: mm:	Date:	Date: Normal Abnormal	☐ Yes Date: Drug (s) No Reason:		
5.											Date: mm:	Date: mm:	Date: Normal Abnormal	☐ Yes Date: Drug (s) ☐ No Reason:		

*Prior Positive

**Completion date or discontinued due to:

- (1) = Follow-up needed
- (2) = Follow-up not needed
- (C) = Completed treatment
- (D) = Died during treatment
- (L) = Lost
- (M) = Moved & Records Referred
- (P) = Provider Discontinued Meds
- (R) = Refused to continue
- (T) = TB Disease Diagnosed



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